



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E414707**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-00899**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **04 - 06 - 2015** TIME (2400) **2330** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ S ☐ W ☐ CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

E LAKESHORE DR BLOCK NO. ☒ **900** MILE POST ☐

DISTANCE **300** **00** MILES ☐ N ☒ E ☒ OF (REFERENCE OR CROSS STREET) **8TH STREET NE** FEET ☒ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253469940**

LAST NAME **WELCH** FIRST NAME **EZRA** MIDDLE INITIAL **D**

STREET NEW ADDRESS **16686 169TH ST SE**

CITY **MONROE** ST **WA** ZIP **98272**

GDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **WELCHED025K7** STATE **WA** SEX **M** D.O.B. **05 - 27 - 1998**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **9** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **C20062C** STATE **WA** VIN# **1B7HW04Y1JS642508**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1988** MAKE **DODG** MODEL **W-100** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRAD WELCH 16686 169 ST SE MONROE WA 98272**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERIPRISE A102375232** CITATION # **5Z0482062, 5Z0482062** CHARGE **FOLLOWING TOO CLOSE, INT**

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253435139** **N: 4253441720**

LAST NAME **KEITH** FIRST NAME **SHELBY** MIDDLE INITIAL **C**

STREET NEW ADDRESS **1308 80TH AVE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

GDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **KEITHSC035OF** STATE **WA** SEX **F** D.O.B. **09 - 06 - 1997**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **008XQS** STATE **WA** VIN# **JN1CA21AXXT108943**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1999** MAKE **NISS** MODEL **MAXIMA** STYLE **P4** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JOHN KEITH 1308 80TH AVE SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 964758706** CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **KERRY BERNHARD** BADGE OR ID # **120** AGENCY **WA0311900**

OFFICER'S NAME (PRINT) **KERRY BERNHARD** BADGE OR ID # **120** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E414707**

CASE #

15-00899

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LITTLE TIANA M																	
ADDRESS & PHONE #		2322 120 AVE NE LAKE STEVENS WA 98258 4256228610																	
SEX		F		D.O.B. MMDDYYYY		07		15		1997									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		POUNDS MIKEL H																	
ADDRESS & PHONE #		2231 139 AVE NE LAKE STEVENS WA 98258																	
SEX		F		D.O.B. MMDDYYYY		10		18		1996									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK AND HEAD PAIN
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 4/6/2015 at approximately 2330 hours, Unit 1 was travelling eastbound in the 800 block of E Lakeshore Dr following behind Unit 2. Unit 1 was following too closely to Unit 2 and exceeding the speed limit. Unit 2 slowed suddenly and Unit 1 struck the back of Unit 2 causing damage. The driver of Unit 1 left the scene of the collision without providing information as required by law. The driver was contacted on 4/7/2015 and provided the required information. The driver of Unit 2 drove to the Lake Stevens Police department to make a report of the collision. The passenger seated in the right rear passenger seat at the time of the collision complained of dizziness and head pain. The passenger was evaluated by Aid personnel but was not transported to the hospital.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-08-15 01:16 AM

DATED

PLACE SIGNED

APPROVED BY

KERRY BERNHARD 120

DATE

4/9/2015 12:44:22 AM

BADGE OR ID #

120

ORI #

WA0311900

TIME POLICE DISPATCHED

11:43 PM

TIME POLICE ARRIVED

11:46 PM

NOT OBSERVED

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00899

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Keith Shelby Christy W	RACE W	ETH	SEX F	DOB 09/06/1997	AGE 17	HGT 5'2	WGT 121	HAIR Brown	EYES Green
STREET ADDRESS 1308 80th Ave SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 344 1720		CELL PHONE 425 343 5139		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS shelby.keith11@gmail.com								

I, Shelby Keith, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving on East lake shore and 1 car passed me and had almost hit me. then we saw another car came up really fast and then I tapped on my breaks. They didnt slow down we were going 35 MPH. they were going appx 60mph then they hit me. After they hit me they went into the oncoming lane and then they drove off. we drove to get license plate they did not stop at all to check on us or how the car was

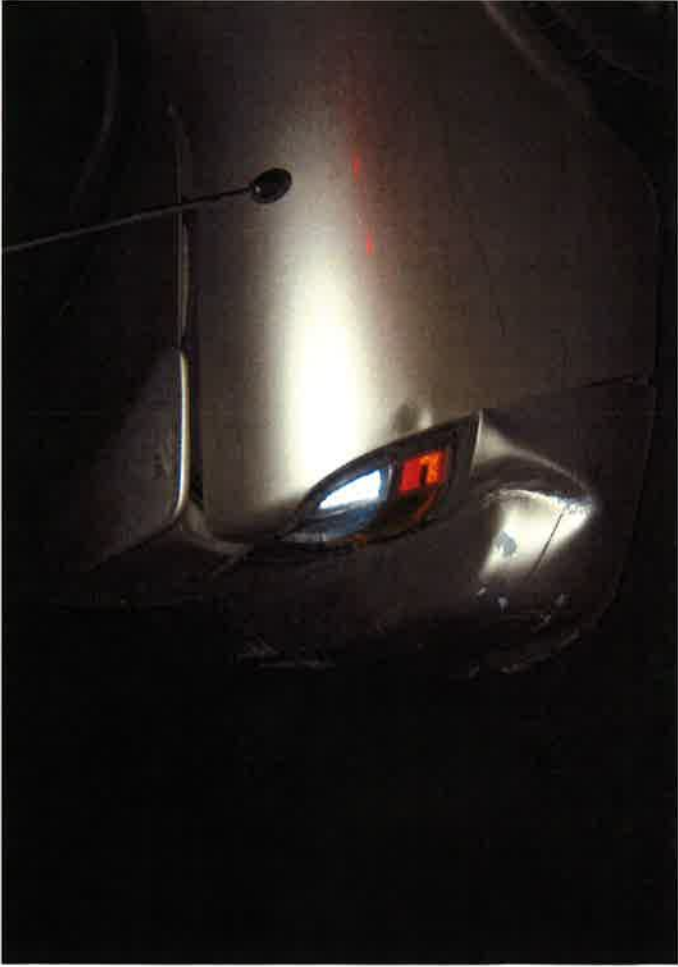
LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

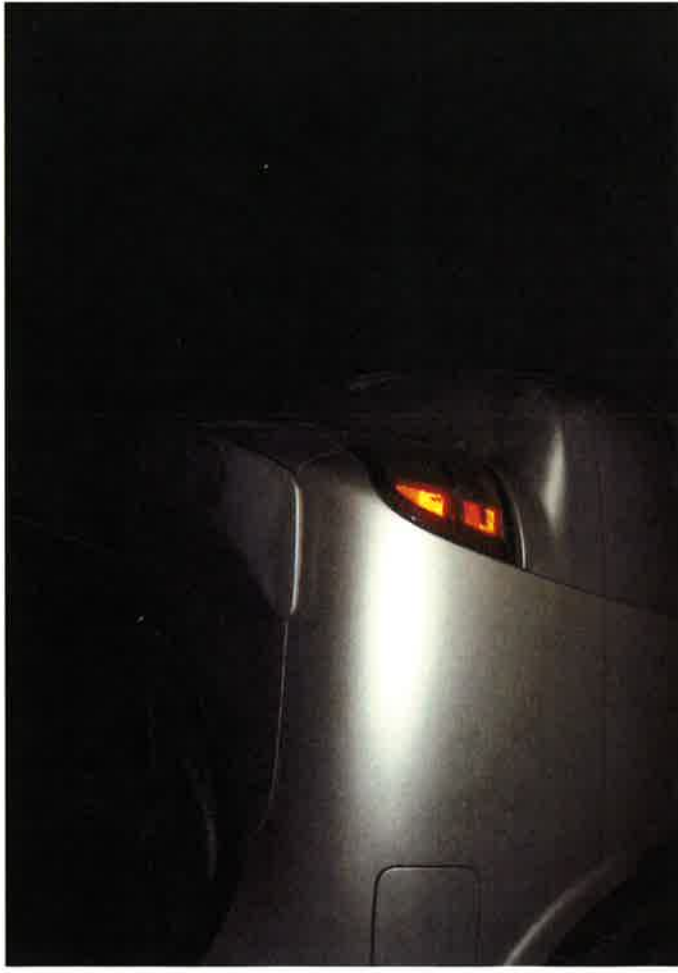
SIGNATURE: <u>Shelby Keith</u>	DATE SIGNED 4/7/15	LOCATION SIGNED Lake Stevens.
OFFICER/NUMBER: <u>Det. [Signature] #120</u>	DATE SIGNED 4/7/15	LOCATION SIGNED Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1



LSPD
ORIGINAL



LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>E. BECKHARD #120</i>				Case Number <i>15-00859</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>HAZ ARREST</i>				Date/Time: <i>4/15/13</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING								*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfk will be held for 60 days or 60 days past owner notification			

Case # 15-10869

Item # <i>16-1</i>	Item <i>PHOTO CD</i>				Brand Name				Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action # <i>3</i>													
Owner's Name <i>LSPD</i>		Address		City		State		Zip		Phone #		Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>													
Item #	Item				Brand Name				Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name		Address		City		State		Zip		Phone #		Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item				Brand Name				Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name		Address		City		State		Zip		Phone #		Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item				Brand Name				Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name		Address		City		State		Zip		Phone #		Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item				Brand Name				Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name		Address		City		State		Zip		Phone #		Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions													

ROUTING:

White: Property Room
Yellow: Case File

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:

LSPD
ORIGINAL